



<http://cedarparkswimming.org>

2014 That Dam Race Entry Form
 Saturday, May 10, 2014
 USMS Sanction TBD
 USA Swimming Sanction STA-14-15

Staple legible copy of USMS/MSC/USA Swimming card & complete the following information:

Eve Phone (____) _____

Email _____

Emergency Contact

Name _____

Phone _____

Significant medical conditions to be shared with Rescue/EMT service (i.e. seizures, diabetes, asthma, etc.):

Entry Fee (must be received by May 3)	\$35.00												
Age: _____ Select one (1) event from below:													
<table border="1"> <thead> <tr> <th>Event</th> <th>Men's</th> <th>Woman's</th> </tr> </thead> <tbody> <tr> <td>800 Meters</td> <td></td> <td></td> </tr> <tr> <td>1600 Meters</td> <td></td> <td></td> </tr> <tr> <td>500 Meters</td> <td></td> <td></td> </tr> </tbody> </table>	Event	Men's	Woman's	800 Meters			1600 Meters			500 Meters			
Event	Men's	Woman's											
800 Meters													
1600 Meters													
500 Meters													
T-Shirt (free with entry ORDER MUST BE RECEIVED by 4/20 to ensure size; additional shirts \$15.00 each Size: S M L XL / XXL or XXXL (\$3.00 add'l) Addl shirts (# / size / style):	\$ _____												
Total Enclosed	\$ _____												



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√ below

Completed entry form	_____
Signed Waiver	_____
Copy of USMS/USA Swimming card	_____
<i>Check payable to Cedar Park Swimming</i>	_____

Sign release below & send entry & check to:

**Cedar Park Swimming
C/O Amy Mocniak
1712 Mackenzie Lane
Cedar Park, Texas 78613**

Email a copy of the entry form to jim.s.mckay@gmail.com

(Must be received by April 30, 2014)



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RELEASE OF LIABILITY BY PARTICIPANT: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., USA SWIMMING, INC. THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. Finally, I specifically acknowledge that I am aware of all the risks in open water swimming and agree to assume those risks.

DATE _____ **SIGNATURE** _____

If the participant is a minor the parent or guardian must sign below:

DATE _____ **SIGNATURE** _____

RELATIONSHIP TO PARTICIPANT _____